

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	T.D.		9/20/99
O.I.P.E. CLASSIFIER		15	9-23-99
FORMALITY REVIEW	(W)	64834	9-28-99

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 0 ..... Objected

Claim	Final	Original	Date
1	✓	S	9/20/99
2	N	N	9/20/99
3	I	I	9/20/99
4			
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12	I	I	9/20/99
13	N	N	N
14	I	✓	✓
15	I	✓	✓
16	I	✓	✓
17	N	N	N
18	N	N	N
19	✓	✓	✓
20	N	N	N
21	I	✓	✓
22			
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30	✓	✓	✓
31	N	N	N
32	✓	N	N
33	✓	N	N
34	N	N	N
35	N	N	N
36	N	N	N
37	I	✓	✓
38	I	I	I
39	✓		
40	I		
41	✓		
42	I		
43	I		
44	✓	✓	✓
45	N	N	N
46	I		
47	N	N	N
48	I		
49	I		
50	N	N	N

Claim	Final	Original	Date
51	I	N	N
52			
53	I	I	I
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56	I	N	N
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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